

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/7/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT 99456-WP for date of service 8/8/03.

II. RATIONALE

The service in dispute was denied as, "F-Fee guideline MAR reduction".

Requestor states, "Not paid according to TWCC Medical Fee Guidelines and Rules. MMI evaluation and impairment rating testing was performed by a Designated Doctor, as requested by TWCC." Billed amount was \$650.00, payment received \$150.00, and disputed amount is \$500.00.

The Carriers' notice of a Medical Dispute Resolution was signed on 11/14/03. Their response was received 12/8/03. Per Commission Rule 133.307 (3)(C) that states in part, "file the completed request with the division within 14 calendar days of respondent's receipt". Therefore, carrier's response will not be considered.

Commission Rule 134.202 states in part, Section (e)(6)(C)(iii), "An examining doctor, other than the treating doctor, shall bill using the "Work related ...examination by other than the treating physician..." CPT code. Reimbursement shall be \$350." Section (iii)(II)(b) states, "The Maximum Allowable Reimbursement shall be \$300 for the first musculoskeletal body area if full physical evaluation with range of motion is performed," and Section (III) states, "If the examining doctor performs the MMI and the IR testing, ...Reimbursement shall be 100% of the total Maximum Allowable Reimbursement."

Therefore, per Rule 133.302 reimbursement is recommended in the amount of \$500.00.
 $(\$350.00 \text{ (E/M)} + \$300.00 \text{ (first body area)}) = \$650.00 - \$150.00 \text{ (payment)} = \500.00

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of \$500.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$500.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 08th day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc